## P00000072958

(	Requestor's Name)	
(Address)		
	Address)	
	(City/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(	(Business Entity Name)	
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		
<u> </u> 		

Office Use Only



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## **COVER LETTER**

Division of Corporations
SUBJECT: OFFICER RESIGNATION (Name of Corporation)  DOCUMENT NUMBER: P 000 000 72 958
The enclosed Officer/Director Resignation for a Corporation and fee are submitted for filing
Please return all correspondence concerning this matter to the following:
NOEMA FAILES. (Name of Person)
STHRDUST TRUCKING INC (Name of Firm/Company)
PO BOX 117 (Address)
CHANKSVILLE FL. 32430 (City/State and Zip Code)
For further information concerning this matter, please call:
Name of Person) at (\$50) 674-8992  (Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for \$35.00 made payable to the Florida Department of State.

Street Address:
Amendment Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

TO: Amendment Section

Mailing Address:
Amendment Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

## OFFICER / DIRECTOR RESIGNATION FOR A CORPORATION

I, NORMIA FAILES	, hereby resign as <u>Jies President</u>
HKH: WORMA MELUIN	(Title)
of STHLDUST TRUCKING (Name of Corporation	JUC ,
PODDO 12958, a corpor (Document Number, if known)	ation organized under the laws of the State of
FLORICH.	P 20
	### D
Hama La (Signature of r	iles officer/director)

## **FILING FEE IS \$35.00**

Make checks payable to Florida Department of State and mail to:

Amendment Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314